

Medicare Preventive Services

...to keep you healthy





Did You Know?

- ❖ African-Americans are twice as likely as whites to die from diabetes complications.
- ❖ Deaths from prostate cancer among African-American men are almost twice those of white men.
- ❖ Only 45% of African-Americans over the age of 65 have had a flu shot. For pneumonia shots, the number is even lower.

We Care at The Centers for Medicare & Medicaid Services (CMS)

CMS wants to improve the health of African American seniors. We know that regular tests and check-ups can help you prevent and manage major illnesses, such as glaucoma, diabetes and cancer. This is where Medicare Preventive Services come in. Medicare will help pay for all the tests listed in this brochure! So read on . . .

Medicare Preventive Services

Just because you are getting older does not mean you should give up on good health. Medicare provides coverage of preventive services that can keep you healthy for a long time. Medicare will help you pay for:

1. **Glaucoma screening**
2. **Bone mass measurements**
3. **Medical nutrition therapy**
4. **Prostate cancer screening**
5. **Flu, pneumonia, and Hepatitis B shots**
6. **Colorectal cancer screening**
7. **Mammogram screening**
8. **Tests for cervical cancer and vaginal cancer**
9. **Diabetes blood sugar monitoring and diabetes self-management training**

Each page in this brochure describes one of the nine preventive services covered by Medicare and includes:

- ❖ Who is covered
- ❖ What services are covered by Medicare and how often you may need them;
- ❖ How much YOU pay (with the Original Medicare Plan)

Taking advantage of these preventive health services can be the key to good health. Keep this brochure in a safe place and take it with you when you visit your doctor or health care provider. Ask if any of these services is right for you.



Glaucoma Screening

Q: Who is covered for glaucoma screening?

A: People with diabetes; people with a family history of glaucoma; or African Americans aged 50 and older.

Q: What services will Medicare cover and how often are they covered?

A: Medicare covers one screening every year. The screening must be done by, or supervised by, or under the direct supervision of an eye doctor (optometrist or ophthalmologist).

Q: What will I pay for the screening?

A: You will pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Diabetes Services
Pap Test Examination
Mammogram Screening
Colorectal Cancer Screening
Flu, Pneumonia, & Hepatitis B Shots
Prostate Cancer Screening
Medical Nutrition Therapy
Bone Mass Measurements
Glaucoma Screening



Bone Mass Measurements

Q: Who is covered for bone mass tests?

A: People with Medicare who are at risk for losing bone mass.

Q: What is a bone mass measurement test?

A: A painless, fast and safe test that measures the strength of your bones and will tell your doctor if you are at risk or should be treated for osteoporosis.

Q: What services does Medicare cover and how often are they covered?

A: Medicare covers a bone mass measurement test for people with Medicare who are at risk for losing bone mass. The test is covered every 2 years, or more often if medically necessary.

Q: What is osteoporosis?

A: A disease that causes bones to become so weak and thin that they break easily.

Q: What will I pay for a bone mass test?

A: You will pay 20% of the Medicare-approved amount (or a set coinsurance amount) after the yearly Part B deductible.

Diabetes Services
Pap Test Examination
Mammogram Screening
Colorectal Cancer Screening
Flu, Pneumonia, & Hepatitis B Shots
Prostate Cancer Screening
Medical Nutrition Therapy
Bone Mass Measurements



Medical Nutrition Therapy

Q: Who is covered for medical nutrition therapy?

A: People with Medicare who have: diabetes, chronic renal disease, or those who have had a successful kidney transplant within 6 months of starting therapy.

Q: What is medical nutrition therapy?

A: Medical nutrition therapy is diet therapy and counseling services to help you control your disease and make you feel better. A registered dietitian or nutritional professional gives the therapy upon referral by a physician.

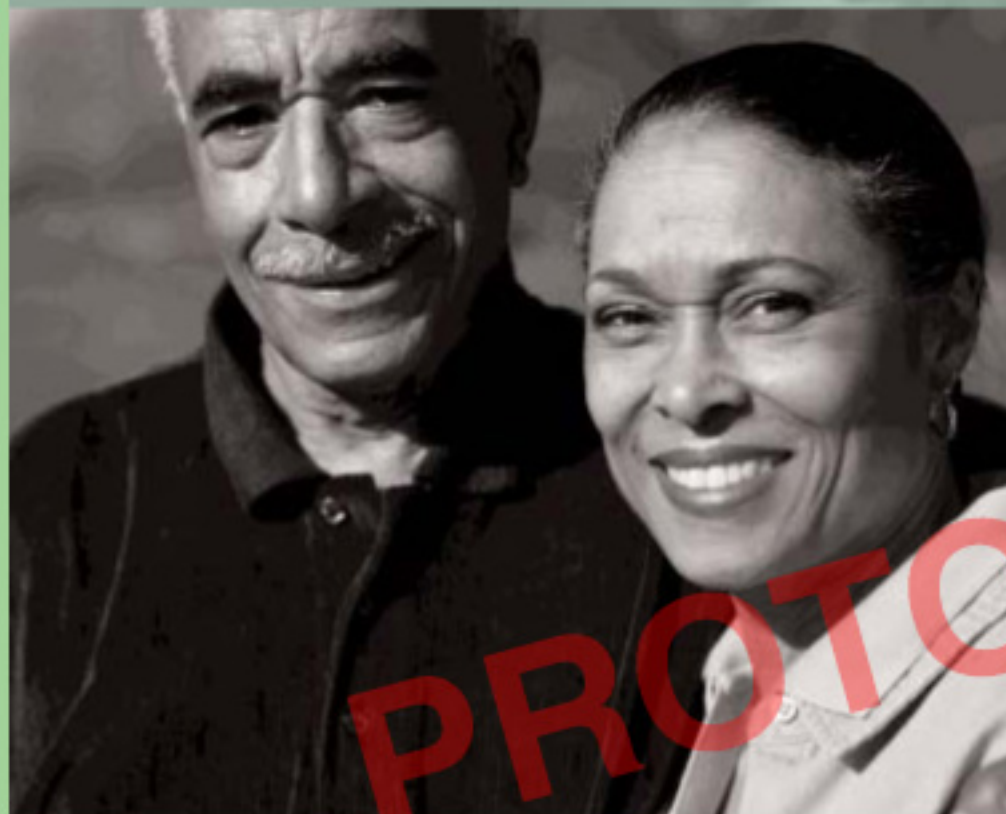
Q: What services will Medicare cover and how often are they covered?

A: Medicare covers an initial visit for an assessment and follow-up visits to be sure that you understand your diet plan.

Q: What will I pay for the therapy?

A: You will pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Diabetes Services
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Mammogram Screening
Colorectal Cancer Screening
Flu, Pneumonia, & Hepatitis B Shots
Prostate Cancer Screening
Medical Nutrition Therapy



Prostate Cancer Screening

Q: Who is covered for prostate cancer screening?

A: All men age 50 and older with Medicare.

Q: What services will Medicare cover and how often are they covered?

A: A digital rectal examination once every 12 months and a Prostate Specific Antigen (PSA) blood test once every 12 months.

Q: What is a digital rectal exam?

A: To check the gland next to the rectum, the doctor inserts a gloved finger into the rectum to feel for lumps on the prostate.

Q: What is a Prostate Specific Antigen (PSA) test?

A: A blood test that measures how much antigen (substance created by the prostate) is in the blood stream.

Q: What will I pay for these services?

A: For the rectal examination, you pay 20% of the Medicare-approved amount after the yearly Part B deductible. For the PSA test, you pay no coinsurance and no Part B deductible.

For more information, call the National Cancer Institute at 1-800-4-CANCER (1-800-422-6237) or visit www.nci.nih.gov.

Diabetes Services
Pap Test Examination
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Colorectal Cancer Screening
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Prostate Cancer Screening



**Flu, Pneumonia, &
Hepatitis B Shots**

Q: Who is covered by Medicare for flu, pneumonia and Hepatitis B shots?

A: For flu and pneumonia shots, all people with Medicare. For Hepatitis B shots, people with Medicare must be at medium or high risk for hepatitis. That includes people with End-Stage Renal Disease or hemophilia.

Q: Which preventive shots does Medicare cover?

A: Medicare covers all flu shots, pneumonia and Hepatitis B shots. The flu shot is covered once a year in the fall or winter. One pneumonia shot may be all you will ever need; ask your doctor.

Q: What will I pay for these shots?

A: There is no charge for the flu and pneumonia shots if your health care provider accepts Medicare assignment. For Hepatitis B shots, you pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Flu, Pneumonia, & Hepatitis B Shots

Colorectal Cancer Screening

Mammogram Screening

Pap Test Examination

Diabetes Services



Colorectal Cancer Screening

Q: Who is covered for colorectal cancer screening services?

A: All people age 50 and older with Medicare. However, there is no minimum age for getting a colonoscopy.

Q: Which colorectal cancer screening tests does Medicare cover, and how often are they covered?

A: Medicare covers the following screening tests:

- ❖ **Fecal Occult Blood Test (or Stool Test)**—Every 12 months

- ❖ **Flexible Sigmoidoscopy**—Every 4 years

- ❖ **Colonoscopy**—Every 2 years if you are at high risk for colorectal cancer. Every 10 years (but not within 4 years of a screening sigmoidoscopy) if you are not at high risk

- ❖ **Barium Enema**—Instead of a sigmoidoscopy or colonoscopy

Q: What will I pay for these services?

A: The Fecal Occult Blood Test is free. For all other tests, you pay 20% of the Medicare-approved amount after the yearly Part B deductible.

Q: How do I get more information?

A: Call the National Cancer Institute at 1-800-4-CANCER (1-800-422-6237) or visit www.nci.nih.gov.



Mammogram Screening

Q: Who is covered by Medicare for mammograms?

A: All women age 40 and older with Medicare. But you can receive one baseline mammogram between the ages of 35 and 39 if you have Medicare.

Q: What is a mammogram?

A: An x-ray picture of the breast—You stand in front of an x-ray machine. Your breast is placed between two plastic plates, which press your breast and make it flat. It takes only a few seconds..

Q: What breast cancer screening services does Medicare cover, and how often are these services covered?

A: A mammogram is covered every 12 months. Medicare also covers new digital technologies for mammogram screenings.

Q: What will I pay for these services?

A: You pay 20% of the Medicare-approved amount with no Part B deductible

Q: How do I get more information?

A: Call the National Cancer Institute at 1-800-4-CANCER (1-800-422-6237) or visit www.nci.nih.gov.



Pap Smear Examination

Q: Who is covered by Medicare for Pap tests and pelvic examinations?

A: All women with Medicare.

Q: What is a Pap test?

A: A way to check for cancer of the cervix (the opening to a woman's uterus). A health provider wipes a tiny brush on the cervix to take a sample of cells. The sample is checked under a microscope.

Q: What services does Medicare cover and how often are they covered?

A: Medicare covers Pap tests and pelvic exams to check for cervical and vaginal cancers. A screening Pap test and pelvic exam are covered once every 24 months. A clinical breast exam is also covered to check for breast cancer. But, if you are a woman of child bearing age and have had an abnormal Pap test within the preceding 36 months, or if you are at high risk for cervical or vaginal cancer, Medicare will cover a Pap test and pelvic exam every 12 months.

Q: What will I pay for these services?

A: A Pap test lab test is free of charge. For Pap test collection, and pelvic and breast exams, you pay 20% of the Medicare-approved amount (or a set coinsurance amount) with no Part B deductible.

Q: How do I get more information?

A: Call the National Cancer Institute at 1-800-4-CANCER (1-800-422-6237) or visit www.nci.nih.gov.



Diabetes Services

Q: Who is covered by Medicare for diabetes services?

A: All people with Medicare who have diabetes, whether or not they use insulin.

Q: What services are covered by Medicare?

A: Medicare covers many services for people with diabetes, but the following preventive services are covered:

- ❖ Glucose monitors, test strips, and lancets to test your blood sugar
- ❖ Diabetes self-management training
- ❖ Medical nutrition therapy.

Your physician or health care provider must order all of these services.

Q: What is Medical Nutrition Therapy?

A: Medical nutrition therapy is diet therapy and counseling services to help you control your disease and make you feel better. A registered dietician or nutritional professional gives the therapy upon referral by a physician.

Q: What will I pay for these services?

A: You pay 20% of the Medicare-approved amount after the yearly Part B deductible.



Test Covered by Medicare	Last Date	Next Date
Glaucoma screening		
Bone mass measurements		
Medical nutrition therapy		
Prostate cancer screening		
Flu, pneumonia, and Hepatitis B shots		
Test for colorectal cancer		
Mammogram screening		
Tests for cervical cancer and vaginal cancer		
Diabetes monitoring and diabetes self-management		

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PROTOTYPE